

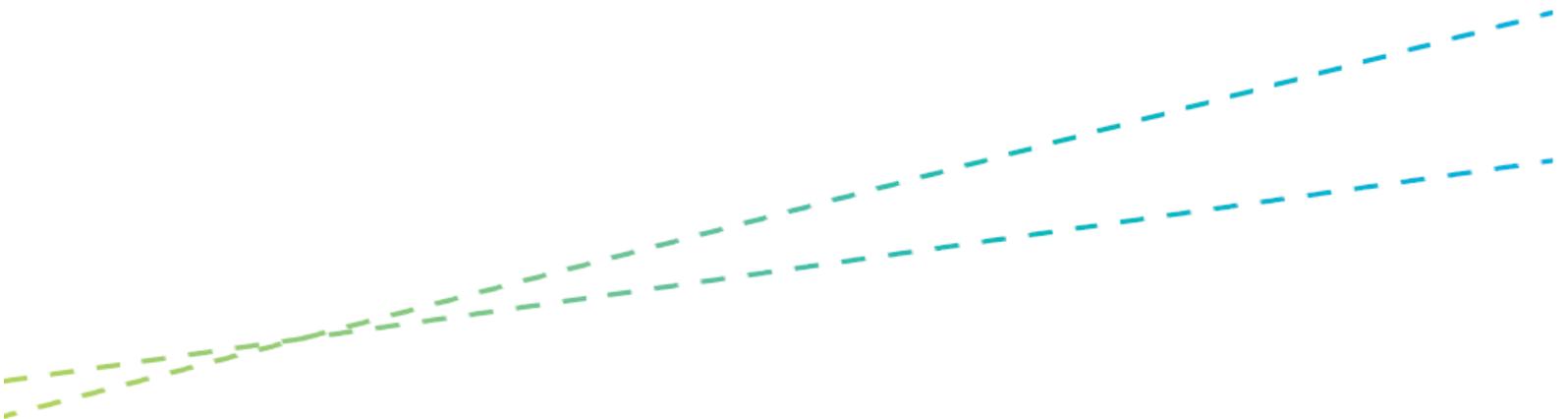


An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	117
<b>Year:</b>	2016
<b>Lead inspector:</b>	Catherine Hanly

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Positive Care</b>
<b>Registered Capacity:</b>	<b>Two Young People</b>
<b>Dates of Inspection:</b>	<b>7<sup>th</sup>, 8<sup>th</sup> &amp; 22<sup>nd</sup> of November 2016</b>
<b>Registration Decision:</b>	<b>Registered without conditions from the 21<sup>st</sup> July 2016 until the 21<sup>st</sup> July 2019</b>
<b>Inspection Team:</b>	<b>Catherine Hanly Eileen Woods</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> January 2017</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children's residential centres in its functional area (see Part VIII, Article 61 (1)). A children's centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children's Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children's "National Standards for Children's Residential Centres, 2001" provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of "Required Actions" may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.1 Methodology

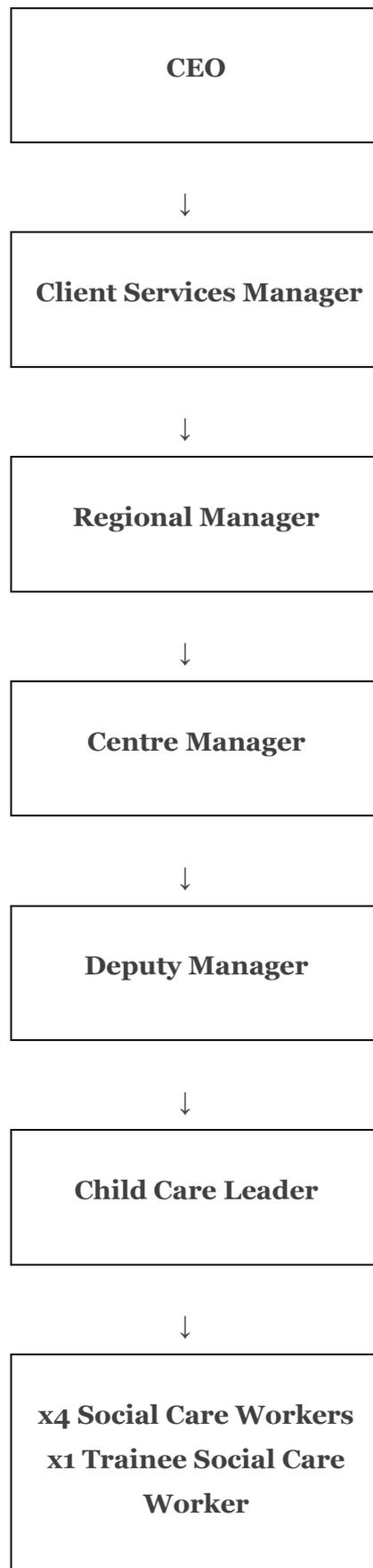
An application was duly made by the proprietors of this centre for continued registration on 19th October 2016. This thematic inspection took place on the 7th, 8th and 22nd of November 2016 and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Six of the care staff
  - b) One of the young people residing in the centre
  - c) Other professionals e.g. therapists.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An examination of specific sections of the young people's files and recording processes in the centre.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre manager
  - b) One staff member
  - c) Both of the allocated social workers for the young people residing in the centre at this time
  - d) A Guardian Ad Litem for one young person in the centre.
- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on this date the 12<sup>th</sup> of January 2017, if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centre's.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 21<sup>st</sup> July 2016 to the 21<sup>st</sup> July 2019.**

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### **Standard**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### 3.2.1 Practices that met the required standard in full

##### **Management**

This centre is managed by a suitably qualified person that has many years' experience in residential care though this is their first role as dedicated centre manager. The manager was familiar with all aspects of care delivery in the centre. Inspectors found that they had good, evidenced systems of oversight in place including the supervision of staff, presence in the centre from Monday to Friday, attendance at team meetings and shift hand over, meeting with young people regularly, reviewing all recording in the centre, attendance at statutory review meetings and having oversight of placement plans and the key working role.

The centre manager reports to a regional manager within the company. This person is based in the centre on a fortnightly basis at a minimum and occasionally more often. The regional manager presented as being very familiar with all aspects of the operation of this centre and there is evidence that they have oversight of all care practices and operational matters. There are robust reporting systems from the centre manager to the regional manager. Both managers have oversight of and input to significant events that occur with young people. There was ample recorded evidence of both managers including their commentary and direction to staff following such incidents.

Inspectors recommend that in addition to current measures, centre management establish robust identifiable mechanisms through which they can assess on an ongoing basis the quality and effectiveness of the service that is provided to young people in this centre, and in particular these mechanisms should assess outcomes for young people.

## **Register**

The manager maintains a register of all young people that have resided in this centre to date. The detail in this meets with the requirements expected and a duplicate copy of this information is also maintained centrally by Tusla, the Child and Family Agency in accordance with the relevant regulations.

## **Notification of Significant Events**

The centre has a notification system in place for any significant events affecting young people which allocated social workers reported as being appropriately prompt. The social workers for the two young people currently resident stated that they are satisfied with the level of information contained in these records. Inspectors reviewed these records and found them to be clear and sufficiently detailed, inclusive of relevant timeframes and identifying persons involved in the event and to whom the event was notified. They were being notified in a prompt manner to relevant parties outside of the centre and there was evidence that the centre manager and regional manager consistently oversee these records and give feedback, including direction to review practices where necessary.

## **Training and development**

It is the responsibility of individual staff members to ensure their core training, including first aid, a recognised method of crisis and physical intervention, Children First, manual handling and fire safety is up to date. They do this through the company's internal training department. The manager has oversight of this ongoing training also. Inspectors found that the ongoing staff training programme is efficient. Requests for additional training specific to the needs of the young people are made by the manager to the training department with one such area already identified being 'SAFEtalk'.

Inspectors have suggested that attachment and trauma as well as expert guidance/training in the area of diet/healthy eating are areas that would fit with the need of the current profile of young people in this centre. The manager indicated that these areas will be explored.

One of the fulltime staff members is employed as a social care trainee and the manager is cognisant of the need to maintain oversight of this person's attendance on a qualifying training programme.

The average level of experience in residential care is quite low across the staff team. Efforts have been made by management to supplement this by ensuring regular formal supervision and by convening workshops that focus on the specific needs of the young people. Inspectors were informed that these workshops were convened monthly however records indicated that there had only been two up to the time of this inspection and the centre had been operational for over four months. Regular workshops and/or training days that focus on team building, safe practice and targeted interventions would be of benefit to the team and should be convened on a consistent basis.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Staffing**

At the time of this inspection the staff compliment in this centre consisted of one deputy manager, one child care leader and five social care workers, one of whom was a trainee. The centre had commenced operations offering a 1.5 to 1 ratio of staff to each young person however quite quickly the manager identified that there was a requirement for additional support in terms of staffing and so was covering each shift with three staff on sleep over. The company was funding this additional staffing cover at the time of the inspection but had made a formal request to the relevant social work department for additional funds to continue this arrangement. The additional shift cover was being provided for from a panel of relief staff within the company and this had led to a situation where there were in excess of six relief staff working in the centre though the manager had made efforts to keep disruption to a minimum and to maintain a regular panel of relief. The week following the onsite inspection this request was approved and the centre was providing staffing cover of 2 to 1 for one young person and 1.5 to 1 for the other. When the additional funding was approved by the social work team, this task was made easier and the centre manager was very mindful of the need to ensure consistency for the young people resident. At the time of this inspection, the manager was utilising relief staff from a regional panel but was actively making efforts to create a panel of staff dedicated to this centre.

Inspectors found that there was a mix of experience and qualification amongst the staff team with the overall level of experience in residential care being quite low. Efforts have been made by the management team to address this deficit by providing training and workshops that specifically focus on the needs of the young people resident. The regional manager has indicated to inspectors that this level of support to the staff team will continue and it is important that this commitment is adhered to.

Inspectors did find evidence within records of a demonstrated ability by some staff members to communicate well and effectively with young people. The manager will need to maintain oversight of this and encourage this skill amongst the entire team.

The company has a dedicated HR department that are responsible for the recruitment and vetting of all staff. There is some consultation with the centre manager by the regional manager with regard to staff appointments to the centre however given the low level of experience across the team at this time and inspectors view that the centre manager is best placed to identify the best fit of staff, inspectors recommend that the centre manager has a more defined role in deciding on staff appointments for this centre. The centre manager also has a responsibility to familiarise themselves with personnel files and the content therein and should fulfil this responsibility accordingly.

Inspectors examined a sample of the staff personnel files and found these to be in compliance with the necessary vetting requirements.

There is a company induction consisting of five days and then a one day centre-specific induction. The centre manager oversees the latter and maintains a record of same.

### **Supervision and support**

Inspectors found that staff members are receiving regular and formal supervision in accordance with the centre's own policy. Whilst the records were reflective of staff interactions and practices with young people, they lacked evidence of attention to specific interventions with young people linked to placement plan goals. Inspectors noted that there were persistent issues pertaining to staff interactions being raised in individual supervision records and whilst the manager was addressing these matters on a case by case basis, inspectors would urge caution when advising staff members to resolve differences amongst themselves. Supervision records lacked reference to the therapeutic plans of young people or some of the specific techniques referenced elsewhere as being utilised in engaging with young people. In addition the supervision records evidenced the low experience base of the team. Inspectors feel that the practice of supervision, particularly as the responsibility is shared between the centre manager and the deputy manager, would benefit from oversight and more direct input by the regional manager. Management must ensure that supervision has a focus on strategies for safe practice as well as the implementation of comprehensive placement plans for young people.

The regional manager provides supervision to the centre manager and to date this had occurred in a formal capacity on three recorded occasions. The records indicate that this process is task-focussed and aimed at establishing and achieving a good quality service for young people.

Staff meetings take place on a three weekly basis and there is a daily shift hand over between staff. The manager participates in these forums and staff referenced the team meetings as an important forum for group discussion and agreement with regard to engaging with the young people. One inspector observed one such meeting and found that whilst discussions were good with all staff present participating, decisions and actions were not clearly evident to the independent observer. Inspectors recommend that the manager be more conscious of this in future meetings particularly as these meetings are only convened every three weeks and are deemed to be an important forum for decision making.

The staff team described the centre manager as approachable, available and supportive in all aspects of their work. The centre manager in turn reported being supported by their regional manager and the senior management structure within the company. There is also a separate employee assistance programme that offers advice and support to staff where necessary.

Inspectors did not view any individual contracts as these are not maintained on personnel files however management informed inspectors that individual contracts outlining terms and conditions of employment are on file with HR for all staff.

### **Administrative files**

In general, inspectors found recording systems in the centre to be well organised and facilitative of effective management and accountability. There was ample evidence of both the centre and regional managers having frequent oversight of and input to recording in the centre, including taking the necessary action to remedy any deficits in level of detail or accuracy of recording. However inspectors did note that some of the registers in the centre including the restraint and incident registers as well as the post-incident review register were unclear in their content and messy with 'post-its' as well as having unclear numbering systems. The manager must ensure that all administrative records are monitored well and that deficiencies are rectified for the purpose of safeguarding the interests of young people and staff.

Records pertaining to young people are kept in perpetuity.

The manager oversees the financial systems and records which are clearly maintained in the centre.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*  
*-Part III, Article 5, Care Practices and Operational Policies*  
*-Part III, Article 6, Paragraph 2, Change of Person in Charge*  
*-Part III, Article 7, Staffing (Numbers, Experience and Qualifications).*  
*-Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- Centre management must continue with efforts to improve the experience base of the staff team.
- Centre management must ensure that supervision has a focus on strategies for safe practice as well as the implementation of comprehensive placement plans for young people.
- The manager must continue to monitor all records and ensure that all deficiencies are rectified for the purpose of safeguarding the interests of young people.

### **3.5 Planning for Children and Young People**

#### ***Standard***

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

#### **3.5.1 Practices that met the required standard in full**

##### **Suitable placements and admissions**

The centre manager and both of the allocated social workers for the young people in the centre at this time were satisfied that this placement was suitable and was meeting their individual needs at this time. The centre is provided with sufficient background information on young people via the National Placement Team and this comprehensive file of referral information was at the centre. Inspectors did find that the integration of relevant aspects of this referral information was lacking within current planning and intervention tools and raised this with the management team whilst onsite.

The centre has a written policy describing the admission process which is inclusive of the development of pre-admission collective risk assessments. Impact risk assessments were also completed in accordance with the protocol for the placement of young people aged thirteen or under. Both of these risk assessment processes ensure that informed efforts and interventions can be made to protect each young person from the negative or harmful behaviour of the other.

Young people are provided with age appropriate information on the centre. Although both young people declined to speak with inspectors formally, the centre manager and the respective social workers stated that each young person had an understanding of the reason for their placement in this centre.

##### **Contact with families**

Inspectors found that young people were well supported by the manager and staff team in maintaining their contact with and access to family members. The staff team were cognisant of the importance and value of this contact and clearly understood

their role in this area of practice which was in accordance with care planning decisions. In particular, there were good efforts to ensure that both young people maintained good levels of contact with their respective siblings with the staff team going to extensive lengths to facilitate and support family contact. At the time of this inspection arrangements were being discussed to facilitate family contact for Christmas.

Parents are kept informed about all aspects of their child's life in this centre and are supported by social workers and the staff team to participate in their child's care. The geographical distance between this centre and the location of the young people's respective homes does make this a difficult task however.

### **Supervision and visiting of young people**

Both young people have had visits from their respective social workers in the centre. Visits between young people and their social workers also take place outside of the centre on occasions such as statutory reviews and records of all such visits are maintained.

### **Emotional and specialist support**

Inspectors found sufficient evidence to demonstrate a high level of awareness by the manager and staff team of the current presenting emotional needs of both the young people in the centre at this time. What was lacking, as previously noted, and what would strengthen this awareness to a greater extent would be a demonstrated integration of knowledge of the previously presenting behaviours of concern by both young people into current intervention and placement planning.

The staff and management team have had workshops days focussing on presenting behaviours of one young person and within these gained advice and direction from the company's counselling psychologist and another practitioner. The counselling psychologist has devised therapeutic plans for each of the young people; one of which was on file at the time of the inspector's first onsite visit to the centre and the second was on file when the inspector returned to conduct the third onsite visit. Inspectors found these two plans to be markedly different in their format in that one was not inclusive of the young person's identified need for various therapeutic assessments nor did it read as an intervention tool. The other was more inclusive of therapeutic assessments and was more direct in terms of recommended interventions. Having said this, both plans lacked specific and necessary focus on individual aspects of their presentation that had significant impact on previous placements and should be

considered as part of an overall therapeutic plan. In light of their findings with regard to planning for young people, Inspectors had asked centre management to review the purpose and use of these therapeutic plans with the counselling psychologist. In responding to the draft report centre management stated that it is their view, and the view of the clinicians involved, that the therapeutic plans for young people are working documents that are subject to regular review and are not viewed as standalone documents.

Inspectors found good practices in respect of multidisciplinary coordination of work and input. This is facilitated through regular communication including one occasion where a conference call had been organised to facilitate an in-depth discussion of particular aspects of a young person's placement.

One young person is connected with specialist services, however they were not fully engaging with these at the time of this inspection. The manager and staff team and the young person's social worker were working together to continue to encourage the young person to engage with these identified services. Relevant referrals for the other young person have been made to specialist services identified by the social worker and staff team as being required to support their care and placement. This process has been delayed and complicated by the young person being placed out of their geographical area of birth and also due to subsequent placement moves across geographical boundaries. Centre management are quite clear that should this access to specialist services be unnecessarily delayed further by public waiting lists, they will fund the young person to complete the assessments required privately.

### **Preparation for leaving care**

As both young people resident in the centre at the time of this inspection were under the age of sixteen there was no formal preparation for leaving care being done by staff. That being said, both young people were being encouraged and supported by the staff team to become independent young people in many aspects of their lives.

### **Discharges**

This centre is newly established and had been operational for less than four months at the time of this inspection. To date no young person had been discharged.

## **Aftercare**

This area of care practice which is the responsibility of Tusla, the Child and Family Agency, was not applicable to any young person in this centre at the time of this inspection.

## **Children's case and care records**

Social workers indicated that they maintain a case file for each of the young people placed in this centre. Inspectors found that care records in the centre were maintained in an organised way in a manner that took account of the need for confidentiality. Records were clearly expressed and written in a manner that in general supported effective care planning for young people. There was evidence within the records of the young people's views being sought by the manager and staff regarding various aspects of their lives and care in this centre. There are copies of birth certificates and care orders on file and the manager is aware of the company's responsibility to maintain files relating to young people in perpetuity.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Statutory care planning and review**

Both of the young people in the centre at the time of this inspection had statutory care plans on file. One had been devised prior to their placement in this centre therefore the detail contained within it referred to the young person's previous placement. That being said, the plan did name this current centre as the identified move on placement. The second young person's plan was insufficiently detailed and was lacking some pertinent pieces of information relevant to their care and placement in this centre. Both young people had statutory care reviews conducted the week of the onsite inspection, following which these plans should be updated.

One of the young people is under the age of thirteen and their social worker indicated to inspectors that they are familiar with the National Policy in relation to the Placement of children aged twelve years and under in the Care or Custody of the HSE and will ensure going forward that this policy is adhered to with regard to the holding of monthly statutory reviews. Having said this, the statutory care plan and child in care review minutes on file did not reference this policy and the social worker did refer to resource difficulties in the local area stating that these had impacted on statutory care planning prior to the young person's placement in this centre. The

review minutes on file were in fact the centre's own minutes from that review, there were none on file from the social work team. There was no social work team leader or designated review chair listed as being present at the review meeting. The social work department has a clear responsibility to comply with the policy referenced here with regards to convening statutory reviews and must fulfil this obligation. They also have a responsibility to forward to parents and the centre, copies of statutory review minutes.

Inspectors found that young people and their parents have been invited and supported to attend their statutory reviews and to have their views considered within the statutory care plans. However, as stated above, the formal review minutes were not completed by one social work team and thus had not been forwarded to the centre or the young person's parents.

Both young people had current placement plans on file that were devised by key workers in consultation with the staff team and the manager. These plans are reviewed on a monthly basis. Inspectors found that these documents did not demonstrate that all relevant pre-admission information had been fully integrated into current planning. And whilst they operated within the broader remit of the statutory care plans, they did also lack integration with other intervention tools utilised in the centre and referenced elsewhere within the care files. Inspectors recommend that centre management review the format for and implementation of these plans within the wider operation of the centre and in doing so demonstrate a more cohesive approach to planning and intervention with young people. They should be considered within the context of the key work role and its delivery with the manager establishing a clear framework for and expectations of this.

## **Social Work Role**

### ***Standard***

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

The manager has two extensive files in the centre that contain all relevant pre-admission information for each of the two current residents. These files contain copies of all the information that was submitted to the National Placement Team as part of the process for placing a young person in a private residential placement.

Both of the young people residing in the centre at the time of this inspection had statutory care plans on file however there were deficits within both of these documents as is detailed under the statutory care planning section of this report. In addition formal statutory review minutes were not on file for one young person. Both social workers were aware of the timeframes required for conducting statutory reviews and were inclusive of the young person, relevant family members and other professionals in convening this process. The social worker for the young person that is under the age of thirteen stated their familiarity with the expectations of the national policy referred to previously pertaining to monthly statutory reviews. Both social workers have visited with the young people in the centre as well as outside of it and are satisfied with the level of information they receive from the centre and the manner in which it is shared including significant incidents, unauthorised absences and incidents of physical intervention. Social workers have taken the opportunity to examine care records in the centre and they maintain their own case files. Both social workers expressed that they were satisfied with the placement thus far insofar as it was meeting the identified needs of the young people.

### **3.5.3 Practices that did not meet the required standard**

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

*Regulations 1995,*

*-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan*

*-Part IV, Article 24, Visitation by Authorised Persons*

*-Part IV, Article 22, Case Files.*

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

*Regulations 1995,*

*-Part IV, Article 23, Paragraphs 1and2, Care Plans*

*-Part V, Article 25and26, Care Plan Reviews.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

*-Part III, Article 17, Records*

*-Part III, Article 9, Access Arrangements*

*-Part III, Article 10, Health Care (Specialist service provision).*

## **Required Action**

- Centre management must review the content and purpose of the therapeutic plans for young people in this centre.
- Social work management must ensure that all aspects of statutory care planning as well as review arrangements are in compliance with the relevant regulations.
- Centre management must review the format for and implementation of placement plans and in doing so demonstrate a more integrated approach to planning and intervention with young people.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2	Centre management must continue with efforts to improve the experience base of the staff team.	The centre manager and regional manager are committed to improving the experience of the staff team in the centre. The centre manager will organise additional training for the staff team in the unit to meet the direct needs of the young people, which includes a trauma workshops, STORM training and a Body Wise workshop in relation to healthy eating for the unit. Any additional training needs for the team will be sourced if any further specific training is required for the team in order to continue to meet any other needs for the young people.	The inspectors are satisfied with this response.

	<p>Centre management must ensure that supervision has a focus on strategies for safe practice as well as the implementation of comprehensive placement plans for young people.</p> <p>The manager must continue to monitor all records and ensure that all deficiencies are rectified for the purpose of safeguarding the interests of young people.</p>	<p>The format of the supervisions will be changed to outline the young person's placement plans including the strategies to achieve the young person's goals as well as discussing their therapeutic plans will be designed to ensure that supervision focuses on the strategies for safe practice as well as the placement plans.</p> <p>The centre manager will ensure that staff supervisions focus more on strategies for safe practise as well as the implementation of placement plans for the young people residing in the centre using the new supervision format.</p> <p>The centre manager will continue to monitor all records in the unit and will ensure that all deficiencies are rectified for the purpose of safe guarding the interest of young people. Identified deficiencies in relation to record keeping have been rectified with a layer of oversight from external management.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p><b>3.5</b></p>	<p>Centre management must review the content and purpose of the therapeutic plans for young people in this centre.</p> <p>Social work management must ensure that all aspects of statutory care planning as well as review arrangements are in compliance with the relevant regulations.</p> <p>Centre management must review the format for and implementation of placement plans and in doing so demonstrate a more integrated approach to planning and intervention with young people.</p>	<p>The centre manager has reviewed the content and purpose of the therapeutic plans in place for the young people in the centre. Our Clinicians work on an ongoing basis with young people and their keyworkers in the centre and would view all therapeutic plans as working documents subject to review at regular interviews and not as standalone documents.</p> <p>The PSW with responsibility for the case referenced in this report has indicated that these issues have been addressed.</p> <p>The centre manager has reviewed the format and implementation of the placement plans in the centre. The centre manager will ensure a more integrated approach to planning for the young people in the centre and will clearly indicate the interventions, if any, that will be used with the young people to achieve their goals that are outlined in the placement plan. The</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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		centre manager will also ensure that the outcomes of the young person's goals are clearly outlined at the end of each month in the reports.	
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